

Message Text

UNCLASSIFIED

PAGE 01 ATHENS 09188 071248Z
ACTION SCSE-00

INFO OCT-01 ISO-00 CCO-00 PASO-00 /001 W
-----116716 071250Z /53
P 071128Z OCT 77
FM AMEMBASSY ATHENS
TO SECSTATE WASHDC PRIORITY 2774

UNCLAS ATHENS 9188

EO 11652 NA
TAGS: CDES, GR(LEWIS, HARRISON)
SUBJ: DEATHS: HARRISON LEWIS

TO: MRS. JANICE LEWIS
6961 KYLEEKIN CT.
MCLEAN, VIRGINIA 22101

1. REFERENCE YOUR INQUIRY TO DEPARTMENT OF STATE WASHDC REGARDING DEATH OF YOUR HUSBAND, HARRISON LEWIS.
2. MR. LEWIS DIED ON OCT 3, 1977 AT THE KYANOUS STAVROS HOSPITAL, 102 VASSILISSIS SOFIAS AVENUE, ATHENS.
3. FRANK BASIL AND COMPANY INFORMED EMBASSY THAT ACCORING TO YOUR ISTRUCTIONS, MR. LEWIS WILL BE BURIED IN ATHENS. THE FUNERAL IS SCHEDULED TO TAKE PLACE 1100 A.M. OCT 10, 1977, AND WILL BE ATTENDED BY FRANK BASIL REPRESENTATIVES. COMPANY ASSUMING RESPONSIBILITY FOR BURIAL COSTS AND SHIPMENT OF PERSONAL EFFECTS TO YOU.
4. EMBASSY WILL PREPARE CONSULAR REPORT OF DEATH AND COPY OF REPORT WILL BE FORWARDED TO YOU.
5. PLEASE BE ASSURED OF MY DEEPEST SYMPATHY IN YOUR BEREAVEMENT. AMERICAN EMBASSY ATHENS, GREECE.

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NOTE BY OCT: PASSED ABOVE ADDRESSEE.

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Message Attributes

Automatic Decaptioning: X
Capture Date: 01-Jan-1994 12:00:00 am
Channel Indicators: n/a
Current Classification: UNCLASSIFIED
Concepts: n/a
Control Number: n/a
Copy: SINGLE
Sent Date: 07-Oct-1977 12:00:00 am
Decaption Date: 01-Jan-1960 12:00:00 am
Decaption Note:
Disposition Action: n/a
Disposition Approved on Date:
Disposition Case Number: n/a
Disposition Comment:
Disposition Date: 01-Jan-1960 12:00:00 am
Disposition Event:
Disposition History: n/a
Disposition Reason:
Disposition Remarks:
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Litigation Codes:
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Original Classification: UNCLASSIFIED
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Original Previous Classification: n/a
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Review Date: 24-Jan-2005 12:00:00 am
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Review Exemptions: n/a
Review Media Identifier:
Review Release Date: n/a
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Review Transfer Date:
Review Withdrawn Fields: n/a
SAS ID: 1005147
Secure: OPEN
Status: NATIVE
Subject: DEATHS: HARRISON LEWIS TO: MRS. JANICE LEWIS 6961 KYLEEKIN CT.
TAGS: CDES, GR, (LEWIS, HARRISON)
To: STATE
Type: TE
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